Coventry Health Care of Iowa: Silver POS Iowa Health and Wellness Plan (Medicaid Eligible)

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

⚠️ This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.chcia.com or by calling 1-866-364-5663.

Important Questions	Answers	Why This Matters:
What is the overall **deductible**?	In-network: $0 Individual $0 Family Out-of-network: $0 Individual $0 Family	See the chart starting on page 2 for your costs for services this plan covers.
Are there other **deductibles** for specific services?	No	You don't have to meet **deductibles** for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an **out-of-pocket limit** on my expenses?	In-network: Yes $0 Individual $0 Family Out-of-network: Yes $0 Individual $0 Family	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the **out-of-pocket limit**?	Premiums, balance-billed charges, health care this plan does not cover	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Is there an overall annual limit on what the plan pays?	No	The chart starting on page 2 describes any limits on what the plan will pay for *specific* covered services, such as office visits.
Does this plan use a **network** of **providers**?	Yes For a list of in-network providers, see www.chcia.com or call 1-866-364-5663	If you use an in-network doctor or other health care **provider**, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network **provider** for some services. Plans use the term in-network, **preferred**, or participating for **providers** in their **network**. See the chart starting on page 2 for how this plan pays different kinds of **providers**.
Do I need a referral to see a **specialist**?	No	You can see the **specialist** you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about **excluded services**.

- **Co-payments** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is $1,000, your **co-insurance payment** of 20% would be $200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network provider charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges $1,500 for an overnight stay and the **allowed amount** is $1,000, you may have to pay the $500 difference. (This is called **balance billing**.)
- This plan may encourage you to use In-network **providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

| Common Medical Event | Services You May Need | Your cost if you use a | | Limitations & Exceptions |
		In-network Provider	Out-of-network Provider	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	No Charge	No Charge	----------none----------
	Specialist visit	No Charge	No Charge	----------none----------
	Other practitioner office visit	No Charge	No Charge	----------none----------
	Preventive care/ Screening/Immunization	No Charge	No Charge	----------none----------
If you have a test	Diagnostic test (x-ray, blood work)	No Charge x-ray Same benefit for lab	No Charge x-ray Same benefit for lab	----------none----------
	Imaging (CT/PET scans, MRIs)	No Charge	No Charge	No coverage without preauthorization (preauth)
If you need drugs to treat your illness or condition. More information about prescription drug coverage is available at www.chcia.com.	Generic drugs	No Charge	Not Covered	31 day supply retail; 90 day supply mail order; no coverage without preauth if required
	Preferred brand drugs	No Charge	Not Covered	31 day supply retail; 90 day supply mail order; no coverage without preauth if required
	Non-preferred brand drugs	No Charge	Not Covered	31 day supply retail; 90 day supply mail order; no coverage without preauth if required
	Specialty drugs	No Charge	Not Covered	30 day supply at Specialty Pharmacy; no coverage without preauth if required

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You can view the Glossary at http://www.cms.gov/CCIIO/resources/files/downloads/uniform-glossary-final.pdf or call 1-866-364-5663 to request a copy.

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		In-network Provider	Out-of-network Provider	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No Charge	No Charge	No coverage without preauth
	Physician/surgeon fees	No Charge	No Charge	No coverage without preauth
If you need immediate medical attention	Emergency room services	No Charge	No Charge	----------none----------
	Emergency medical transportation	No Charge	No Charge	----------none----------
	Urgent care	No Charge	No Charge	----------none----------
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge	No Charge	No coverage without preauth
	Physician/surgeon fee	No Charge	No Charge	No coverage without preauth
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	No Charge	No Charge	MHNet network must be used for in-network benefit
	Mental/Behavioral health inpatient services	No Charge	No Charge	No coverage without preauth; MHNet network must be used for in-network benefit
	Substance use disorder outpatient services	No Charge	No Charge	MHNet network must be used for in-network benefit
	Substance use disorder inpatient services	No Charge	No Charge	No coverage without preauth; MHNet network must be used for in-network benefit
If you are pregnant	Prenatal and postnatal care	No Charge	No Charge	----------none----------
	Delivery and all inpatient services	No Charge	No Charge	----------none----------
If you need help recovering or have other special health needs	Home health care	No Charge	No Charge	No coverage without preauth
	Rehabilitation services	Inpatient No Charge Outpatient No Charge	Inpatient No Charge Outpatient No Charge	No inpatient coverage without preauth
	Habilitation services	Same as Rehabilitation	Same as Rehabilitation	Same as Rehabilitation
	Skilled nursing care (facility)	No Charge	No Charge	90 days/yr; no coverage without preauth
	Durable medical equipment (including supplies)	No Charge	No Charge	No coverage without preauth

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Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		In-network Provider	Out-of-network Provider	
If you need help recovering or have other special health needs	Hospice Services	No Charge	No Charge	Respite Care 15 days inpatient and 15 days outpatient per lifetime. No coverage without preauth
If your child needs dental or eye care	Eye exam	No Charge	No Charge	One eye exam/yr; EyeMed network must be used for in-network benefit
	Glasses	No Charge	No Charge	One standard pair of provider designated glasses/yr; EyeMed network must be used for in-network benefit
	Dental check-up	Not Covered	Not Covered	Excluded Service

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy for others.)

- Acupuncture
- Dental Care (Adult)
- Long-Term Care
- Routine Eye Care (Adult)

- Child/Dental Check-up
- Hearing Aids
- Non-Emergency Care when Traveling Outside the U.S.
- Routine Foot Care

- Cosmetic Surgery
- Infertility Treatment
- Private-Duty Nursing
- Weight Loss Programs

Other Covered Services (This isn't a complete list. Check your policy for other covered services and your costs for these services.)

- Bariatric Surgery
- Chiropractic Care

Your Rights to Continue Coverage:

Federal and State laws may provide protections that allow you to keep this health insurance coverage as long as you pay your **premium**. There are exceptions, however, such as if:

- You commit fraud
- The insurer stops offering services in the State
- You move outside the coverage area

For more information on your rights to continue coverage, contact the insurer at 1-866-364-5663. You may also contact your state insurance department at Iowa Department of Insurance Two Ruan Center 601 Locust 4th Floor Des Moines, IA 50309-3738 515-281-6348 South Dakota Division of Insurance

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445 East Capitol Avenue Pierre, SD 57501 605-773-3563.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact:

Iowa Department of Insurance Two Ruan Center 601 Locust 4th Floor Des Moines, IA 50309-3738 515-281-6348 South Dakota Division of Insurance 445 East Capitol Avenue Pierre, SD 57501 605-773-3563

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy <u>does provide</u> minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage <u>does meet</u> the minimum value standard for the benefits is provides.**

Language Access Services:

Spanish (Espanol): Para obtener asistencia en Espanol, llame al 1-866-364-5663.
Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-866-364-5663.
Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-866-364-5663.
Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-866-364-5663.

————————*To see examples of how this plan might cover costs for a sample medical situation, see the next page.*————————

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About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much insurance protection you might get from different plans.

⚠️ **This is not a cost estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby
(normal delivery)

▪ **Amount owed to providers:**	$7,540
▪ **Plan pays:**	$7,340
▪ **You pay:**	$200

Sample care costs:

Hospital charges (mother)	$2,700
Routine Obstetric Care	$2,100
Hospital Charges (baby)	$900
Anesthesia	$900
Laboratory tests	$500
Prescriptions	$200
Radiology	$200
Vaccines, other preventive	$40
Total	**$7,540**

You pay:

Deductibles	$0
Co-pays	$0
Coinsurance	$0
Limits or exclusions	$200
Total	**$200**

Managing type 2 diabetes
(routine maintenance of a well-controlled condition)

▪ **Amount owed to providers:**	$5,400
▪ **Plan pays:**	$5,360
▪ **You pay:**	$40

Sample care costs:

Prescriptions	$2,900
Medical equipment and supplies	$1,300
Office Visits and Procedures	$700
Education	$300
Laboratory tests	$100
Vaccine, other preventive	$100
Total	**$5,400**

You pay:

Deductibles	$0
Co-pays	$0
Coinsurance	$0
Limits or exclusions	$40
Total	**$40**

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✗ **No.** Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✗ **No.** Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ **Yes.** When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ **Yes.** An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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